

patient medical service shall be the yearly insurance of the people that the hospital and medical service will be available when and if they need it at the daily cost of the service, and the hospital shall not be operated on a tax levy for care of indigents. For those unable to pay in full for the service, they shall pay any part of the cost which they are able to pay.

"Those incapacitated by age, disease, or accident, not able to pay any part of the cost, shall be cared for free, on the same standard of service as those who pay.

"The Board of Supervisors of the county of _____ do further ordain that there shall be no stigma of pauperism attached to the hospital service provided by the county, and that such service shall be regarded, supported, and utilized in the same democratic spirit which prevails with relation to any other public service operated, supported, and maintained by public funds."

The whole issue of the county hospital is one that needs revision, and there are a few states, and one municipality particularly, that have solved the problem satisfactorily. Michigan extends the open door of its county hospitals to the doctors of the state, and the large county hospital of Buffalo, New York, does the same. Patients are encouraged to have their doctors attend them, and every effort is made by the public authorities to keep as many as possible of the people who are handled in the county hospitals under the medical care of their own physicians. What they pay these physicians is a matter entirely between doctor and patient. If they can pay a small sum for hospital care, they are charged it.

The trouble in California is that the county hospital in many counties is either the only one or is the best one. Los Angeles has spent between fifteen and twenty million dollars on its county hospital, and it is not surprising that the small wage-earner looks with some bitterness on the fact that out of whatever taxes he pays, part goes to support a hospital to which he has no access.⁵ The social service rule of the Los Angeles General Hospital states that if the family earnings are more than \$60 a month no member of a family of four may enter the hospital. If the earnings are \$60 a month or under, they are welcome. It is the feeling of the writer that every intelligent physician in the community will agree that out of the \$61 a month for even one person there is nothing to be saved to provide medical care for any illness. The Social Welfare Department of the State, which has some supervisory relation to this hospital, has no real control over it. Its authority is limited "to investigate and examine and make reports to the legislature on the conduct of institutions operated for the care of indigents." It is held by some counties that they are privileged to operate hospitals in which charges are made for certain patients, and they point to Section 4223 of the Political Code to justify their position. The claim is made, for example, by the San Joaquin General Hospital that Los Angeles, San Francisco, and Kern County operate under the pauper provision of Section 1. Section 4041.16 of the Political Code. The crux of the situation, however, lies in what was pointed out in a letter to Mrs. Turner of the Department of Social Welfare of Sacramento in which the legal department of the Attorney-General's office, in defining the term "county hospital," as used in the Kern County Hospital case, states that the legislature has never defined a county hospital, but that the decision of the court in the case of *Goodall vs. Brite* directed in its decree to the county and those officials in charge at the hospital "who should be admitted to its county hospital." The decision makes extremely plain that "no people of the class of persons described in paragraph 3 of the rules may be admitted to said hospital except in cases of emergency." Paragraph 3 authorizes the admission of persons unable to pay for and obtain proper and necessary medical, surgical or hospital care for themselves elsewhere than in the county hospital, deeming such persons obviously dependents, and leaving it to an admission board as to what proportion of the cost of hospitalization they are able to pay. As there are some thirty hospitals among our county hospitals who receive patients who pay something, this decision if maintained puts them all in the position of acting irregularly. It would be necessary for an act of the State

Legislature to be passed to open county hospitals to the public generally. This decision is quite the reverse of an opinion of the Attorney-General written to the District Attorney of Sonoma County November 7, 1934, in which it was argued that certain patients who could pay something should do so. The Attorney-General quoted the rule about our state insane asylums which requires payment from those who can afford it. There is another aspect of the county hospital question which needs to be pointed out. The Social Welfare Committee has divided these hospitals into five groups, of which only the first, containing sixteen hospitals, is accepted as class "A" by the American College of Surgeons. The one thing about all of them, which is absolutely wrong, is that they have volunteer staffs. The writer believes that this is not wholly true, because the San Joaquin Hospital is mentioned among those sixteen, and all of its doctors are paid something, although most of them get merely \$100 a month for what they do. The other four groups vary from a fair medical and surgical service, lacking one or more essentials, to boarding houses operated by a man and his wife in old wooden shacks where the county physician is telephoned to, to come and see anyone who seems to be sick enough to require some attention.

It would require \$50,000,000 to buy land and equip decent county hospitals for those counties that lack them in this state, and then the charge per day would have to be in the neighborhood of \$6 even in wards. The supervisors should take cognizance of the criticisms of the \$3 rate by the Fourth Appellate Court, Civil No. 1761, January 30, 1936: "The method used in reaching the daily cost per patient was so inaccurate and unbusinesslike that the result would not reflect the true daily cost to the county." Property taxes, depreciation, insurance, and interest charges on the investment in land and building, all should be made part of the cost.

There seems to be one answer to this entire situation. The great indigent and small wage-earning class of the community will have to be supported in sickness by taxation, insurance, or a combination of both. Given a compulsory health insurance law, and absolutely class "A" county hospitals like those, for example, in Los Angeles, San Joaquin, and San Mateo, all of the small wage-earners who entered such hospitals would have their bills paid from the insurance fund; the county would have to (as now) pay for the care of its dependents. The one other big change which the organized medical profession should fight for is that first-class county hospitals should be opened to every licensed doctor, so that he might follow his patient requiring hospitalization until his discharge. It works wherever it has been tried, and it would seem to be in the interest of both the medical profession and the public.

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THE CONFERENCE ON SYPHILIS*

More than five hundred persons responded to the call of Surgeon-General Thomas Parran of the United States Public Health Service for a three-day conference in Washington recently on the control of venereal diseases, especially syphilis. Representatives of the American Medical Association, officers of state medical societies, and practicing physicians attended, as well as health officers and social service workers. The conference was asked to consider the question of venereal disease control from six principal points of view. The reports that were adopted by the conference as a whole on the third day were in substance as follows:

1. Estimates were presented of the prevalence of syphilis in the United States. A minimum of 681,000 new cases of syphilis was declared to be the probable annual incidence of the disease. Prevalence in the population as a whole was estimated variously at from 5 to 10 per cent of the population, including syphilis in all its stages from initial infection to the late sequelae. . . .

2. The section on the public health control of syphilis stressed the necessity for carrying treatment facilities to all persons of all economic strata. Emphasis was placed, however, on the fact that no desire existed on the part of

⁵ See "The Care of Dependents," a publication by the Los Angeles Budget and Research Department, p. 90, 1936.

* Excerpts from editorials published in *The Journal of the American Medical Association* for January 9, 1937.

the public health officials to undertake the treatment of all cases of syphilis at public expense. It was declared that whenever and wherever possible patients should be treated by family physicians in the usual manner and that the personal relationship of patient to physician should be maintained wherever possible. The section reported that in its judgment the treatment of indigent and borderline patients in clinics would be a necessity. Adequate social service for the clinic to ascertain the degree of ability to pay was dealt with in another section. Reporting of the venereal diseases was stressed as a necessity in their control. The section recommended that the Surgeon-General request reporting by name and address as in the case of other communicable diseases. This recommendation of the section was opposed from the floor of the conference and ultimately was amended to read, in effect, that reporting by name and address be encouraged where practicable, but that in other localities reports by number or by initials and date of birth be accepted for the present in order to allow opportunity for overcoming the well-known reluctance of physicians to report venereal diseases by name. The necessity for furnishing laboratory service gratis and for the free distribution of drugs needed in the treatment of venereal diseases through public health authorities was stressed. A recommendation to the effect that prophylaxis be regarded as an integral part of the syphilis program was opposed from the floor. The opposition, however, was overwhelmingly defeated and the report of the section, therefore, included the recommendation that prophylaxis be included in the antisiphilic program.

3. The section on treatment presented a voluminous report, of which the salient points were the importance of early treatment and the treatment of the pregnant syphilitic woman. Emphasis was laid on the necessity for continuous treatment except in the case of late syphilis in persons of middle age or beyond; on the importance of confining the distribution of drugs through public health departments to established preparations, namely, the arsenicals, bismuth compounds, mercury ointments, and possibly iodid preparations.

4. The section on medical follow-up of the venereal disease patient reported the importance and necessity for follow-up in certain types of cases. Much follow-up work can be prevented by efficient, courteous, and expeditious handling of patients on their first visit to the clinic. . . .

5. The section on coöperation of the private physician in the control of venereal diseases made a report which indicated the dual responsibility of the physician in any case of communicable disease, including the venereal diseases. This responsibility is for the patient and for the community. . . .

The principles here presented seemed in general to meet with the approval of all groups represented. Recognition was given to the fact that conditions in the United States differ widely in different localities and even sometimes within a single community, and that programs, subject only to general fundamentals, must be varied and adapted to meet local needs. . . .

In all probability most indigent patients in denser population centers will need to be treated in clinics. In smaller communities and rural areas, treatment of the indigent was recommended through the offices of family physicians. The recommendations included payment of the physician on such a basis as might locally be agreed on for services rendered to indigent patients. Certain questions were raised relating to the lack of uniformity of instruction in syphilology in the medical schools. . . .

CALIFORNIA STATE BAR CHASES AMBULANCE CHASERS*

The State Bar of California has a committee, known as Special Local Administrative Committee No. 1, whose duty is to investigate and institute prosecutions of ambulance chasers, both lay and attorney. The personnel of this committee is John E. Biby (chairman), John M. Bowen, and Robert M. Clarke; staff, Philbrick McCoy, counsel, and Herbert Hallner, special investigator.

The above-named committee has been successful in securing convictions and pleas of guilty in more than fifty cases. Many of the offenders have received jail sentences

of 180 days and fines in the amount of \$500. Among those convicted was a member of the medical profession.

Of interest to the medical profession is the fact that this committee has in several instances secured information to the effect that certain physicians are very active in the solicitation of business for certain attorney ambulance chasers. This condition appears quite aggravated among some of the physicians who conduct private emergency hospitals. One such offered medical treatment and hospitalization to an injured person if he would employ a certain attorney to prosecute his claim for damages, the cost thereof to be paid only out of any money recovered!

This State Bar committee frequently finds it difficult to prove the facts necessary to secure a conviction in these cases. Its investigations disclose that the attorney involved has received a written or telephone request from the injured person to call on him; and, when questioned, the attorney invariably says he did not know the request was instigated by the physician. The physician often excuses his conduct by stating that the injured person requested him to recommend an attorney.

The State Bar deserves commendation for the work it is doing to eliminate the evils arising out of ambulance chasing. Any member of the medical profession acquiring knowledge that a physician is in any manner aiding an ambulance chaser should report at once to any member of the State Bar committee or its staff, or to The State Bar, 440 Rowan Building, Los Angeles (Los Angeles telephone, Michigan 9551). Such coöperation with the State Bar will do much to purge both professions of the odium cast upon them by members who are aiding or coöperating as ambulance chasers.

HEALTH INSURANCE PROPAGANDA*

On Monday, November 23, 1936, a newspaper of the city, the *New York Herald-Tribune*, gave its columns over to a piece of propaganda which deserves attention. Under date of November 22, 1936, and presumably coming from Washington, a feature article is written, headed "Health Insurance Study Is Instituted by Security Board."

Like all propaganda, the "news-spread" necessarily must be tacked to some event, and so this time we find it tacked to some casual recommendations made by Harry Hopkins, WPA Administrator, in a speech to the United States Conference of Mayors recently; and, incidentally, it is also tacked to a report of the Executive Council of the American Federation of Labor. Then, not giving either the speech made by Mr. Hopkins or the substance of the report of the Executive Counsel of the American Federation of Labor, the propagandist in question hides his identity under the statement, "A spokesman for the Social Security Board." For the rest of a column and a half of ordinary newspaper space there is nothing but argument and propaganda, and little or no factual news. In the end the reader is left to wonder *who* is advocating health insurance, who is putting forth the arguments for it, who says that it is to be considered purely as a tax measure, and who is it that is forcing attention to it and arousing argument.

The stress presented in the newspaper broadcast consists primarily in the fact that existing systems of unemployment compensation and old-age benefits "are generally believed in Security Board circles as measures to bring health insurance to the fore" and "almost all European countries have comprehensive plans of health insurance providing cash benefits in disability and invalidity and supplying medical aid." The plea ends with the statement that it can be conducted on a pay-as-you-go plan.

In the September 1 issue of the *New York State Journal of Medicine*, editorial note was made of the "lull before the storm." An ominous silence was noticed on the part of the protagonists for health insurance. We were then aware that the protagonists of health insurance had not quit. We rather resent the fact, however, that *government agencies* should engage in propaganda to create a demand for something which the public has neither asked for nor needs.

The news release also announces that more time to study the proposition is asked. We seriously recommend that it be studied; that comparison be made of the morbid-

* By J. E. B.

* Editorial from *The New York Medical Week*, November 28, 1936.